

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Application for Reinstatement
Speech-Language Pathology/Audiology

A Speech-Language Pathology/Audiology license may be reinstated upon meeting requirements of KSA 65-6506(c) and KAR 28-61-7. Please complete this application documenting department approved continuing education, return it with completed Information Inventory and \$270.00 reinstatement fee.

License # _____ Expired _____

Name _____
(Other last name used)

Address _____

City _____ State _____ Zip _____

Social Security Number _____

Phone Work _____ Home _____

RECORD OF CONTINUING EDUCATION CLOCK HOURS

Last licensure period in Kansas - from _____ to _____

Record program approval number if program was prior approved by KDHE, title, and total clock hours per program. For programs not prior approved complete all columns except the approval number column. If reinstating within five years of the expiration date, submit evidence that you have accumulated, within the past two calendar years before the date of application for reinstatement, 20 contact hours of continuing education. You must attach verification of attendance for all prior approved programs listed. (If license has lapsed more than five years, please refer to the "Instructions for Reinstatement" sheet.)

Approval Number	Program Title	Date	Hours

(Please complete the remainder of the application on the back of this page.)

Disciplinary Action - This information is required under Kansas law: KSA 65-3503(a)
Has any license, certification, or registration issued by Kansas or another state or entity been denied, refused for renewal, suspended, revoked or subjected to any other disciplinary action?
Y / N

If YES, please explain:

Have you ever been convicted of a crime by any court (including Kansas), or any federal court of the United States? **Y / N**

If YES, please indicate:

Date of conviction: _____

City, County and State of conviction _____

Crime of which convicted: _____

I do hereby attest that the information supplied in this application and any attachment is accurate and complete to the best of my knowledge. I do hereby give permission to the board to verify any information provided in this application and attachments. I understand that the application fee is non-refundable should I not meet licensure qualifications.

I, _____, of lawful age, being first duly sworn, on oath, depose and confirm the above to be a true statement.

PLEASE NOTE: Your signature must be notarized

<p>SUBSCRIBED AND SWORN TO before me, the undersigned authority, on this _____ day of _____, 200____.</p> <p>_____ (Notary Signature)</p> <p>(Notary Public) My appointment expires: _____</p>
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Submit application, fee according to the enclosed fee schedule and supporting documents to:

Health Occupations Credentialing
1000 SW Jackson, Suite 330
Topeka KS 66612-1365

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

INSTRUCTIONS FOR REINSTATEMENT

Kansas Speech-Language Pathology or Audiology License

In accordance with K.S.A. 65-6506(c), any license which has lapsed due to failure to renew under K.S.A. 65-6506(b), may be reinstated upon complying with the provisions of K.A.R. 28-61-7 and 28-61-9. The necessary application and materials for applying for reinstatement are enclosed.

1. **Complete:**

- (a) Application for Reinstatement of Kansas Speech-Language Pathology or Audiology License. Each applicant whose license has lapsed shall, within five years of the most recent expiration date, reinstate that license by submitting evidence that the applicant has accumulated 20 contact hours of approved continuing education. The continuing education must have been obtained within the past two calendar years before the date of application for reinstatement.

Each applicant whose Kansas license has lapsed for more than five years beyond its expiration date shall reinstate by submitting *any* of the following types of evidence:

- 1 - Current licensure in another jurisdiction that requires completion of a number of contact hours of continuing education for license renewal that is equivalent to or greater than the number of hours required in Kansas;
- 2 - Licensure in another jurisdiction sometime during the preceding five-year period and completion of 20 contact hours of approved continuing education within two calendar years before the date of application for reinstatement; or
- 3 - Satisfactory completion of a plan for reinstatement that has been submitted to and approved by the speech-language pathology and audiology advisory board and by the department.

- (b) Information Inventory

2. **Enclose:**

Reinstatement fee of \$135 and a license renewal fee of \$135 (see enclosed schedule). The fee to reinstate both a speech-language pathology and audiology license would be doubled. FEES ARE NON-REFUNDABLE. Checks (certified or corporate) or money orders should be made payable to "Kansas Department of Health and Environment" or "KDHE."

3. **Submit to:**

Health Occupations Credentialing
1000 SW Jackson, Suite 330
Topeka KS 66612-1365

Upon review and approval of your reinstatement application(s), a licensure certificate and card (or cards) will be issued. Should you have questions, please contact Brenda Nesbitt at (913) 296-0061.